




IPW ✓

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on August 16 2005.



Christopher D. Guinn

In Re Application of:

Koperda, et al.

Serial No.: 10/625,147

Filed: July 23, 2003

Confirmation No.: 8272

Group Art Unit: 2145

Examiner: Cardone, Jason D.

Docket No.: A-9277 (191910-1062)

For: System and Method for Providing Statistics for Flexible Billing in a Cable Environment

The following is a list of documents enclosed:

- Return Postcard
- Amendment Transmittal Page
- Fee Transmittal Page
- Response to Second (Non-Final) Office Action
- Terminal Disclaimer
- Certificate Under 37 CFR 3.73(b) Establishing Right of Assignee to Take Action
- Check in the amount of \$130.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (LARGE)**

Applicant(s): Koperda, et al.

Docket No.

A-9277 (191910-1062)Serial No.
10/625,147Filing Date
July 23, 2003Examiner
Cardone, Jason D.Confirmation No.
8272Group Art Unit
2145Invention: **System and Method for Providing Statistics for Flexible Billing in a Cable Environment****Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450**


Transmitted herewith is Response to Second (Non-Final) Office Action, Terminal Disclaimer and Certificate Under 37 CFR 3.73(b) Establishing Right of Assignee to Take Action in the above-identified application.

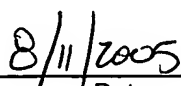
The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	28 -	28 =	0	X \$50.00	\$0
INDEP. CLAIMS	3 -	8 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees: Terminal Disclaimer					\$130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$130.00

- ☒ No additional fee is required.
☐ Please charge Deposit Account No. _____ in the amount of _____
☒ A check in the amount of 130.00 to cover the filing fee is enclosed.
☐ A Credit Card Payment Form PTO-2038 is attached in the amount of \$ _____
☐ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Christopher D. Guinn, Reg. No. 54,142

Date